

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004630

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

873

STATE FILE NUMBER

FILED JAN 25 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR
TOWN St. Louis

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Homer G. Phillips

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR

TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

4027 Enright

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Roy

Thompson

4. DATE

OF

DEATH

Month

Day

Year

1

17

62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

9/22/1902

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Retired Chauff. & Butler

10b. KIND OF BUSINESS OR INDUSTRY

Private Family

11. BIRTHPLACE (City and state or country)

Hartsville, Tenn.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Arthur Thompson

13b. MOTHER'S MAIDEN NAME

Dora Carr

14. NAME OF HUSBAND OR WIFE

Sadie Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Gertrude Williams

Address

4476 West Belle

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN

ONSET AND DEATH

Undet.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12-30-61

to

1-17-62

and last saw him alive on

1-17-62

Death occurred at

9:20

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward P. Williams, M.D.

22b. ADDRESS

2601 N. Whittier Street

22c. DATE SIGNED

1-18-62

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Removal

23b. DATE

1/22/1962

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

23d. LOCATION (City, town, or county)

St. Louis, County

(State)

24. FUNERAL DIRECTOR

ADDRESS

Charles Gates 4107 Finney Ave.

25. DATE RECD. BY LOCAL REG.

JAN 19 1962

26. REGISTRAR'S SIGNATURE

Leon Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Huyton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.